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STATE OF MARYLAND

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6	1-	FOR STATE REGISTRAR		OF HEALTH AND MENTAL F SINER'S CERTIFICATE O	0 4	94/0
		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE KNOWN	MONTH DAY YEAR 76 HOUR
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XAMI EERTIF DIRECT	ARYLA	death resulted from: Natural case	uses . Accident .	Suicide	Undetermined monner,	
CAL E THE SHOUR RAL D	RE, M	SIGNATURE SOTTING	beguntt	M.D. DEPUTY	MEDICAL EXAMINER	SIGNED 7-26-82
TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTFICATE, WRITING PAGE 4 SHOULD BE CORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEPATH, WITH THE STATE DEP	OW -	EXAMINER'S NAME Dorof	Ly C Holzwort	4 MD ADDRESS 309 TI	mmons St Snow le	411 Mol 21863
	23a.B	URIAL, CREMATION, REMOVAL 23b. DA	ATE 23c. NAME OF	CEMETERY CO. CO.	23d. LOCATION CITY OF LOWN	COUNTY
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TIMOTHY E. BAINUM, M.D. DEPUTY MEDICAL EXAMINER ACCIDENT BAINUM, M.D. DEPUTY MEDICAL EXAMINER DATE SIGNED TIMOTHY	100	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	= 120 ALITOPSV2
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36. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY CORRESPONDED TO CITY OF SOUNTY STANDARD		V	10-17
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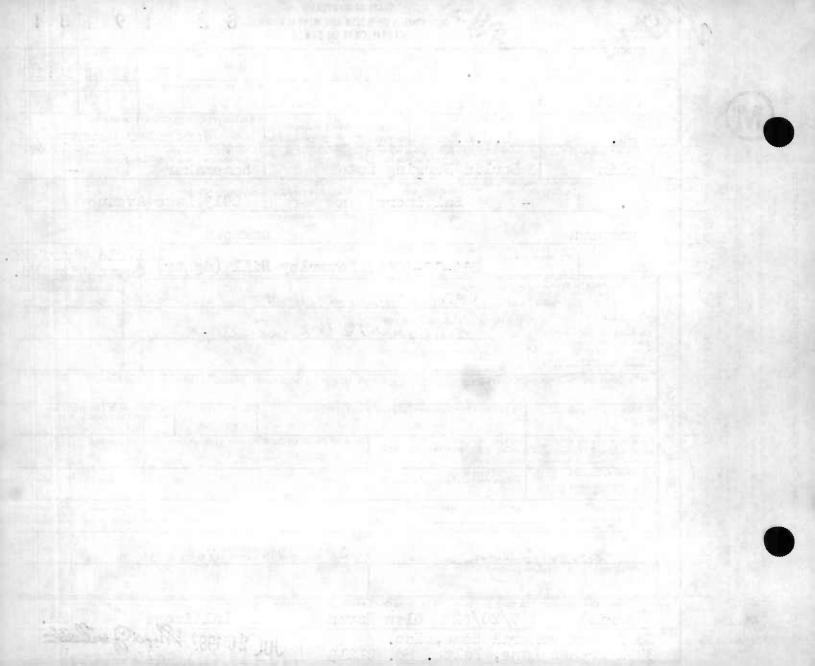
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163 20	BIRTHPLACE (STATE OR FOREIGN COUNTRY) RIIN MARY LAND	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED (WIDOWED [V] DIVORCED [_	
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	ATHER'S NAME	ESTER BERLIN	15. MOTHER'S MAIDEN	NAME	X 531
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nd Mentol	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19 211. LOCATION		
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mork	AT WORK AT WORK	ital) attended the deceased from	8/13 10 8	। गांज	, 19 53 , that (I) (we) lo
f He is	saw the deviloped-pline on	7/76 19	27	on death occurred on the date of	and hour and from the causes stated
E D	above NI (we fidel did no 22b. SIGNATURE	ot) view the Body ofter death.	DEGREE		22c. DATE SIGNED
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State	224. PHYSICIAN'S NAME (TYPE O	DR PROMITI	22e ADDRESS	DIRECTOR PHYSICIAN	10 83/87
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	BURTAL FUNERAL DIRECTOR		EVERGREEN CEMETERY RT.#2, JERSEY RU	ATE REC'D. BY REGISTRAR 25%	WORCESTER MARVIAN

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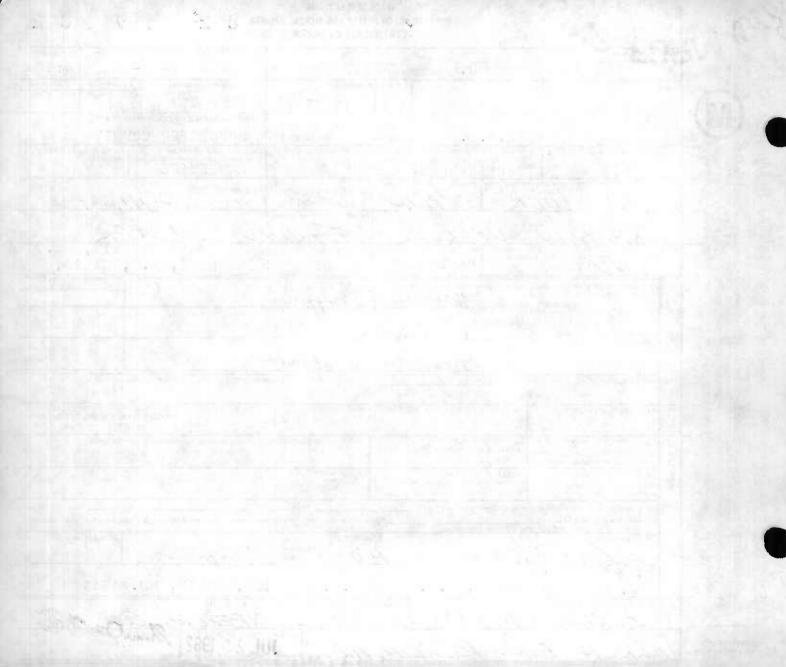
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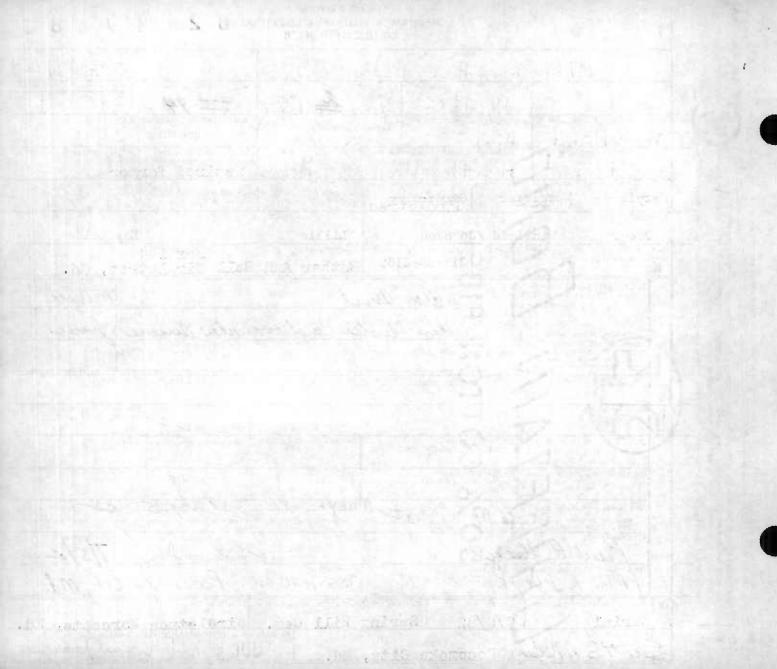
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されるこう 〇	5	name Hill	(IF NOT IN SUCHTAGES Y, GIVE STREET	ADDRESS) ST	FOR MOST OF WORKING LIFE)	OR INDUSTRY
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MD. 4TH.	14, F/	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S M	AIDEN NAME MIDDLE	LAST . / /
		John	W. Colen	N	ellie.	Corbitt
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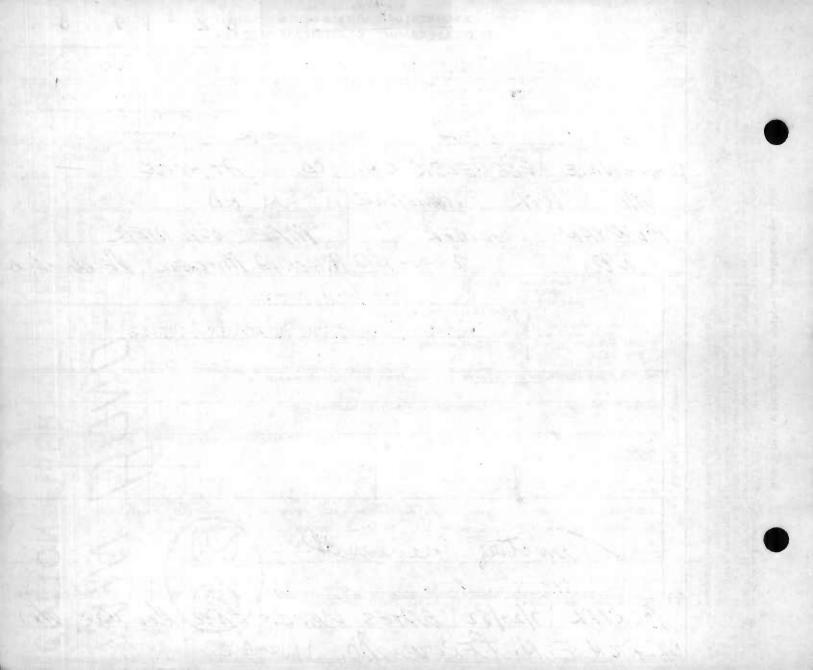


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g 2 g		ORPRINT) ANN	U.	JARVIS.	7-14	
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e W	70 B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OFDEATH
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th your		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	latic la M/ Iver		
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s beer strict. The prior ws any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
E ha	E					FYING CAUSES OF DEATH?
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DING P ttending After th s the bur th and A marked	ME	WHILE NOT WHILE AT WORK	JAT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
or at or at OR: Se as fealt 1 is n		220.1 certify that (1) (this haspi	tal) attended the decepsed from,	. 19	, to	19, that (I) (we) la
ATTEN oital or a ECTOR: for use a . of Heal		saw the deceased alive an abave, (1) (we) (did) (did no	19	, and that in (my) (bur) opinion	death accurred on the date and hav	ir and from the causes stated
PHO BER		226. SIGNATURE		DEGREE		22c. DATE SIGNED
TAL the SAL detac tate [Af Janos	illaren	MLD ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	
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LAN HERE		death resulted fram:	Natural causes	Accident	, Suícid			termined manner			100
IEDICAL EXA UTE THE CERT : 4 SHOULD UNERAL DIRE R DEATH, WITH MORE, MARY		EXAMINER'S NAME T	IMOTHY	E. BAINI	ım MD	Mo DE		HILA.	DATE SIGNE	7/24/	<u>/82</u> Md21842
TO ME EXECUTE PAGE TO PAGE BALTIN	23a.E	URIAL CREMATION, REM	11101111			ADDRESS_		OCATION ORJOWN	ALL COU	TBR S	TATE
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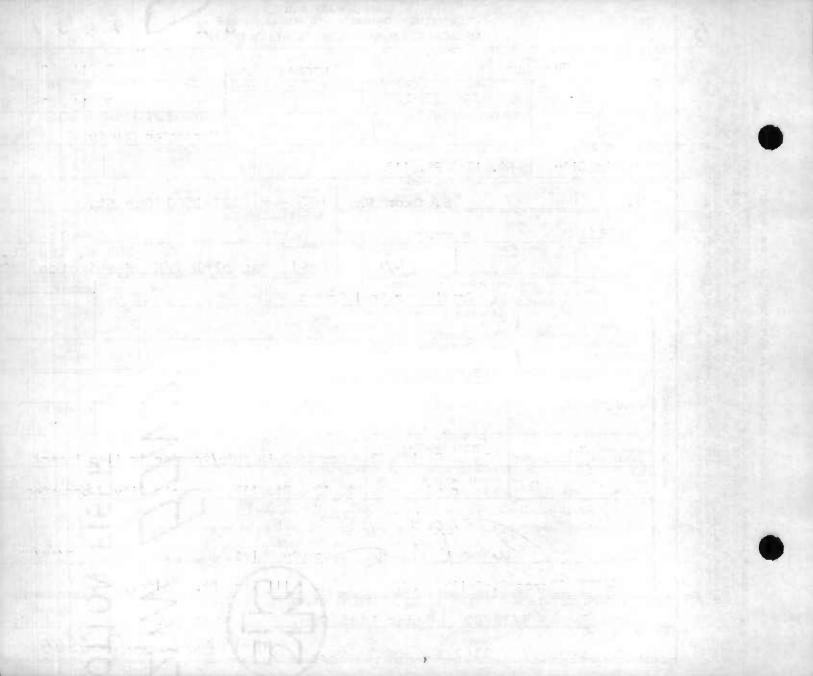
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME FIRST 7h HOUR LTYPE OR PRINTS 8 MARY WILSON 1 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED COUNTRY USA Worcester Marvland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY housewife 103 Second Street Pocomoke SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 103 Second Street Worcester Pocomoke Maryland YES FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIODLE William Wilson Samantha Cooper Thomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 422 Somerset Avenue (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-32-068 Mary W. Rounds Princess Anne. Md. no 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: ART Failure SIMMEDIATE CAUSE STENOSIS ORTIC Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF DIVISION OF VITAL Hygi 7 In ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL FIF EITHER NOTIFY MEDICAL EXAMINER P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abaye (1) (we) (did) (did not) view the bady after death DEGREE 221 DATE SIGNE De ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN * e de Stot 22d PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS uld ! MPORT OCOMOKE 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 182 St. Mary's Epis. Cem. Pocomoke Worcester Md LEUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) Pocomoke City, Md.

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STATE OF MARYLAND	
1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	19486
1. DECEASED NAME FIRST MIDDLE LAST 20 DATE KN	REG. NO. NOWN MONTH DAY YEAR 7h, HOUR
	STI- 7.10 00 0 1E
3 SEX 4 RACE S DATE OF RIRTH A AGE INVERS IF LINDER 1 YR THE LINDER 24 HPS 24	MONTH DAY YEAR 2d HOUR
F W 12/3/04 77RS. DEAD	1/8 19 82 2:51
FOREIGN COUNTRY) MARKIED LI NEVER MARKIED LI	DOE OTE D
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPAT	RCESTER MD.
MORAN CITY EVEN HELD - 76 TST FOR MOST OF WORKIN	OR INDUSTRY
USUAL RESIDENCE (IF IN NURSING JOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE (LITY LIMITS? 13e. STREET ADDRESS	
14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME	WORKL ST.
	ON TATER'ST
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1766, SOCIAL SECURITY NO. 17. INFORMANT 115 YES, NO, OR INDINOUN) 116 YES, GIVE WAR OR DATES)	ADDRESS
NO 203-07-1834 LOIS KNOWN	KERDUN, JA.
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: CARDIO PULMONARY ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4100 IMMEDIATE CAUSE (6) LARDIO - PULMONARY ARREST	
16e WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNBADDAN) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: 10. CARDIO — PUL MONARY ARREST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost. (c) ASCVD PART 2 OTHER SIGNIFICANT (ONOITIONS (ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 216. HOW INJURY OCCURRED LENIER NATURE OF INJURY	20. AUTOPSY?
210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 717. HOW INJURY OCCURRED SENSE NATURE OF INJURY	YES NO
216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR	IN ITEM 18 PART 1 OR PART 2)
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WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
22a. I certify that I taak charge of the remains described above, held an Autopsy 🔲, Inspection 🔀, Inquiry 🛭	and in my apinion
210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET) CITY OR TOWN 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry Academy (AT HOME) (AT HOME) (ITY OR TOWN) (AT HOME) (ITY	er .
22a. I certify that I took charge of the remains described above, held an Autopsy I, Inspection XI, Inquiry X death resulted from: Netural causes XI, Accident II, Suicide II, Honocide III, Undetermined mann III, SPECIFY) EXAMINER'S NAME TIME BAINUM MD 16TH ST ADDAND PHILA. AVE OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE 230. NAME OF CEMETERY OR CREMATORY 231. LOCATION	DATE 7/0/02
SHONATURE MEDICAL EXAMIN	
EYAMINEP'S NAME I was I Dawnstone MID I was Common Dawns on March	CEAN LITY BD / X
(TYPE OR PRINT) TIM E BAINUM MD 16TH ST, ADDAND PHILA. AVE O	CEAN CITY ID: 210
230, BURIAL CREMATION, REMOVAL 236. DATE 236, NAME OF CEMETERY OR CREMATORY 23d, LOCATION	STATE 2
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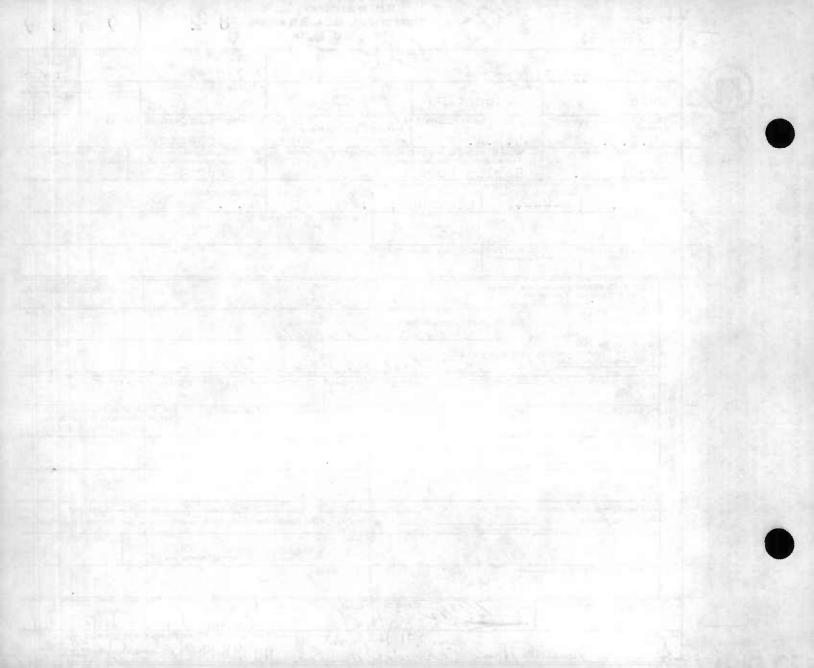
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-Eucephus 14,0 82 Murray DEATH MATED 4. RACE 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 4 P 5. DATE OF BIRTH 3 SEX 16 BIRTHDAY DATE RONOUNCED Male Black 'g **6**5 1419 82 2, AND 3 TO THE FUNERAL 3. RETAIN PAGE 5 FOR Y SHOULD BE FILED, WITHIN To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COLNTRY) C. USA Worcester County. DIVORCED WIDOWED 126 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Pocomoke City & USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13e STREET ADDRESS 13a STATE 13c CITY OF TOWN 13d INSIDE CITY LIMITS? 131-25 140th St. N.Y. YES _ NO DO Oxon Pk. T. PAGES 1 AND 2 SI DIVISION OF VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, MIDDLE LAST MIDDLE LAST Willie Covel Murray Doris 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166. SOCIAL SECURITY NO 208 W. 4th St. N/A Lewis Randolph F/H Washington, No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), ED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D NL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio cerebral trauma IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION 4: THIS CEN.
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ORWARDED TO THE C.,
THE PAGE 3 SHOULD BE USED.
ATE DEPARTMENT OF HEAI
TO PROPER TO BURIAL, C.,
T 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING DOR 14 19 82 Occupant in auto/tractor trailer Impact CONTRIBUTING CAUSE OF DEATH 21L LOCATION 21e PLACE OF INJURY STREET, FACTORY, FARM, ETC.) TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE OF BALLIMORE, MARNIAND 21201 P WHILE AT WORK NOT WHILE Pocomoke City. Worcester. Md road 13 & Rt. 113 AT WORK 220 I certify that I taak charge of the remains described above, held on Autopsy death resulted from Undetermined manner Notural TITLE (SPECIFY) ACTUAL Deputy Chieffedical EXAMINER 7/15/82 SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. III Penn St. Balto., MD ADDRESS TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION COUNTY STATE 7/18/82 Cedar Hill Cem. Washington N.C. Burial BP 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATUR **DHMH - 17** 1101 E. North Ave (VR A15 ME (5)) March F/H 20M 4/82



/		OR			DEPARTMENT OF HEA	LTH AND MENTAL I	HYGIENE	1 9	4 8 8	R
5		STATE REGISTRAR		MEI	DICAL EXAMINER	S CERTIFICATE C	OF DEATH REG	NO.	, 0	
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		EIGN COUNTRY)			M	ARRIED NEVER MARR	RIED X			
4	10 (1)	Y OR TOWN	V.C.		SA WIE		12ª USUAL OCCUPATION	ter Cou	INTY,	MD.
Ы				NOT IN SUCH FAI	CILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	FOR MOST OF WORKING LIFE)	TITPE OF WORK	OR INDUSTR	
1		ocomok			3 & Rt. 113					
ł	USU A 13a ST	ATE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GR ITY	VE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
l		N.Y.			S. Oxon Pk	YES NO 🔀	131-25 1	40th S	t.	111
I	14 FA	THER'S NAME		MIDDLE	LAST	15 MOTHER'S MAID	EN NAME MIDDLE		LAST	
A		Willi	Le	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Murray	Dori		C	Covel	
Ī	16a. W	AS DECEASES	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDR		W. 4th	St.
ı		No	(IF TES, GIVE	WAR OR DATES)	N/A	Lewis R	andolph F/H		ington	
ĺ		18 CAUSE O	F DEATH (Enter an	ly ane cause per line					APPROXIMATE I	INTERVAL
Į	7	PARTIDE	ATH WAS CAUSED	D BY:	Cranio cerebra	1 trauma			BETWEEN ONSET	AND DEATH
1		8/2	IMMEDIAT	IL CAOSE (d)	AS A CONSEQUENCE OF	1 11 dalla				
		Canditian	ns, if any, which	1						
			se to immediate stating the under-		AS A CONSEQUENCE OF				-	
-1		lying cau		DOE TO, OR	AS A CONSEQUENCE OF					
١	004			(c)						
1	7	PART 2 UTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN PA	ART 1 (a).			
4	5	10 0175 05	0050 4404	Total Control						
1	CA	19a DATE OF	OPERATION	196 CONDIT	TION FOR WHICH OPERATIO	N WAS PERFORMED?			20 AUTOPSY?	
1	CERTIFICATION								YES 💢	NO 🗌
1			L CAUSE WAS	216. TIME OF HOUR & M	MONTH DAY YEAR	HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART	(2)	
1	CAL	CONTRIBUTIN	OR NG CAUSE OF I	DEATH 3 P.M	7 14 19 82 10	ccupant	in auto/tracto	or trai	fer impa	act
	MEDICAL	218 INJURY C	CCURRED	STREET FACT	OF INJURY (AT HOME, 216	LOCATION STREET	CITY OR TOWN	COUN		57498
4	2	AT WORK	NOT WHILE D	XI I	road R		113 Pocomoke			- Md
		O 100							Television - Filtra	110.
+	7	100	1	remoins des	A [7] A			and in my opin	nion	
4	>	death resulte	ed fram: Nation	of power []	Acceptent A. Suicide		Undetermined manner			
		ACTUAL	(//	Vamori	K) Gust	TITLE (SPECIFY)		DATE	- 14 - 4	
-		SIGNATURE_	1	Manuel	F/W/5	M.D.Deputy Ch	LEMEDICAL EXAMINER	SIGNED	7/15/8	32
2		EXAMINER'S	NAME / TE	D C	and the M.D.	111-	Dann C4	D-14-	MD	
		(TYPE OR PRIN	(T)		Smith, M.D.			Balto.,	MU.	
	23a BL	PEC (FY)	TION, REMOVAL 2		23c. NAME OF CEMETER		23d. LOCATION CITY OR TOWN	COUNT	TY STA	LTE
		Buria		7/18/82	Cedar Hi		Washingt	ono	M-717	C.
1	24 FL	NERAL DIREC	TOR	ADDRESS		25a. DATE	REO DE Y TOS RAR AL B	EGIETRAL MIN	O KANTON S	
	1	Vm. C.	March	F/H 11	01 E. North	Ave. Jul				

STATE OF MARYLAND

STATE OF MARYLAND



			STATE OF MARYLAND	
	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 REG. NO.	490
. 1875		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY 7-3	YEAR 26 HOLLR
((RM) \		Mazie	11. 100013011	UNDER 1 YEAR IF UNDER 24 HRS
	3 SE	7	W S-Z3-93 89 YRS	HIHS DAYS HOURS MIN
1 11 80	6	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY O	F DEATH MD.
1 1 90	10. C	ow Hill, Md,	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IGNOT IN SUCH FACILITY, GIVE STREET ADDRESS) HATTISON HOUSE, NURSING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
24 having filled in the build be it	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
mpletely f	14. FA	THER'S NAME	MIDDLE Andrew Aren Africa Chrin	LAST
n and call		VAS DECEASED EVER IN U.S. AR	WAR OR DATES)	7 mortel 5.1.
that the death certificate by the attending physics carbon paper of termation, or remaval.		PART I. DEATH WAS CAUSE	Dy one couse per line for (o), (b), and ically by one couse per line for (o), (b), and ically by one couse (o). MYO ETROJEL FAILURE DUE TO, OR AS A CONSEQUENCE OF (c) (c)	APPROXIMATE ATERVAL BETWEEN ONSET AND DEATH FEW DAYKS SEVERAL YES
equires to signed. Then ple to burion injury, or	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN COPD, RENAL INSUPFICIENCY	IN PART 1(0
The law recon. te has been strangere prior shows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, V	VERE FINDINGS USED NG CAUSES OF DEATH?
CLAN: 3 phys errifico col-tron mad Hy	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		† OR PART 2)
offer this case the buring the and Mei	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	COUNTY STATE
R ATTENDIN haspital or RECTOR: Af sed for use a spt. of Health		22a.l certify that (I) (this hosping sow the deceased alive on	only ottended the deceosed from	
t OR the har to DIRI rache e Dep		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	22c. DATE SIGNED 7-3-82
HOSPI Dined b		DOLOTHY C		M2. 21863
	23a.	BURIAL, CREMATION, REMOVAL	12 5 5 10 1 2 City or town	MATE THE STATE OF
BP	24 F	JOCCH A J	7-5-1982 Groton Ceme Helling	San Maria
DHMH - 16 50M 7/77 (VR A 15 (4))		May Mesh	Temperancevelle. R JUL 1 2 1982	0

A STREET ASSESSMENT OF STREET X - Day - A - A - Company - A The state of the state of the state of A PERSON AND THE PROPERTY OF THE PERSON AND THE PER Bureal 12 112 Beeches Cons

3		em 11 per pho: FOR STATE REGISTRAR	ne 8/11/8	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL H TIFICATE OF DEATH	YGIENE 8	2 REG. NO	1 9	9 4	9 1
oy be death	1 DE	CEASED NAME FIRST EORPRINTI MAGGIE	MIDDLE	TR	U	2a. DATE OF	9.0	7 26	82	26 HOUR 8 MM
- (00)		FEMALE	WHITE	Ä	TE OF BIRTH ONTH UG 26 1902		9	YRS	UNDER I YEAR	
		Del.	US/	7 MAR	RIED NEVER MARRIED !		NI	COUNTY O		MC
1 00		BERLIF	home - R	PITAL, NURSING HON	38	120 USUAL OF		WORKING LIFE)	126 KIND C	N/A
1 1 33	130:			CITY OR TOWN Ben/, ~	YES NO NO	13e STREET A	DDRESS	x 38	r	
25 30		PETER	MIDDLE BA	KEZ	ELIZABET	H.	MIDDLE		LAS	51
be executed on and of the control of			RMED FORCES? 16b VE WAR OR DATES) 2	15-62-392	JEAR COFFIA) 300 E	AST S	7. Dec	MAR.	Md.
ON ST. BA th centicate rading physics corbenages corbenages to remards totic event, the	H	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	or (0), (b), and ic	e Henr Pi	rilure			BETWEEN	CONSET AND DEATH
that the deather that the attention and community of a community o	13	Canditions, if any, which gave one to immediate come in stating the underlying come but	DUE TO, OR AS	Aconsequence of				3.0	,	y yes
ORDS, 20 cen signed ft. Then pl to to burn by ritiony, o	FICATION	PART 2 OTHER SIGNIFICANT				1				
TAL ME. Con. The low Con. The low Con. The low Con.	CERTIFICA				ION WAS PERFORMED		NO	20b. IF YES, W IN CERTIFYIN YES	NG CAUSES	NGS USED S OF DEATH? NO []
NOT VI PER Physical Contribution of physical Phy	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. P.M.	MONTH DAY YE	9	URRED (ENTERNATU	RE OF INJURY	IN ITEM 18 PART	OR PART 2)	
MAG Print affects to the bit th and A arked or	MED	THE INJURY OCCURRED	21e. PLACE OF IN (AT HOME STREET FA	IJURY ACTORY OFFICE, FARM, ETC.	211 LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
ATTENDI Historial o ECTOR, a of the use of of Heal		sow the deceased alive an did did no	ottended the dec	eosed from 19 22 death.	and that in (my) (aur) apini	on death occurred	on the dat	e ond hour or	nd from the	
HALDER Tote Dep		22d. PHYSICIAN'S NAME (LYPE O	- Bor	ppr	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI	AND ASS	7/	/27/82
TO FUND Sheeld by WPORTA		DAUID T	morph	Hau	Is/E of	Wigh	14 /	MEDIO	cel	CNTR
8P	6	BURIAL	7/29/8	2 ODDI	ELLOUS	33d LOCAT	RTOWN	U W	OR	Md.
DHMH - 16 50M 1/81 (VRA 15, 4)	74 8	Anne A. Bu	dare	BERLAN	A	JG 4 19	82	Piane C	SIGNA	Vistle

Opt 190 Who the is the major will be the contract of the Some of the state THE REPORT OF THE PARTY OF THE

1			TE OF MARYLAND			
1-	FOR STATE		HEALTH AND MENTAL H	Q	1 9 4	9 2
	REGISTRAR	MEDICAL EXAMIN	ER'S CERTIFICATE O	F DEATH REG. N		
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN E		YEAR 26 HOUR
	BRIAN	MILES	YOUNG	DEATH MATED	and the same	
SE	X A RACE	DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDA		24 HRS. 20 DATE MIN PRONOUNCED	MONTH DAY	1:30P
	mu	5-13-64 18 YR	S.	DEAD	7-19-82	19 M
	SIRTHPLACE ISTATE OR OREIGN COUNTY	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE		- / to	
	MAINE	054	WIDOWED DIVORCE	□ Worcester	County	MD
3. C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 	, OR OTHER INSTITUTION	EOR MOST OF WORKING LIFE)	PE OF WORK 128. KINL	INDUSTRY
0	CRADENCE CHANGE HOME OR	Sinepuxent Bay		STUDEN		
	ENCE (IF M NURSING HOME OR 13b. COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134. CITY OR TOWN		13e. STREET ADDRESS		
	IND W	OK BERLI	YES NO	KFD		
4.9	ATHER'S NAME	MIDDLE	IS. MOTHER'S MAIDE	N NAME MIDDLE	RUPH	12.
	DHMH D.	Y00N6-	NO. 17 INFORMANT	E L, ADDRES	DUNIVE	-
	WAS DECEASED EVER IN U.S. ARMI YES, NO, OR UNKNOWN) (IE YES, GIVE W		State Ann	- 1 V	Ro	0
_	NO	213-10-0	VOCT SHUKE	E L. JOUNG	/ JEK	HIL
	18 CAUSE OF DEATH (Enter only PART DEATH WAS CAUSED	one cause per line for (a), (b), and (c).) BY:			SETWE!	ROXIMATE INTERVAL
">	GIOO IMMEDIATE	(Due to, OR AS A CONSEQUENCE C				
1	Conditions, if ony, which	DUE TO, OK AS A CONSEQUENCE C)r			
	gove rise to immediate couse (a) stating the under-	(b) DUE TO, OR AS A CONSEQUENCE O	\r			
	lying couse lost.	DOE TO, OK AS A CONSEQUENCE C	,,			
	PART 2 OTHER SIGNIFICANT CONDITIONS CO	(c)	NAI DICCACE OR CONDITION CIVEN IN BAR	7.1		
Z		TO THE TERM	MAL DISEASE OR CONDITION DISEA IN PAR	11(0)		
ATIC	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20. AU	JTOPSY?
IFIC					YF	XX NO [
CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW INJURY OCCURRED	D LENTER NATURE OF INJURY IN ITEM 18	8 PART I OR PART 2)	,,,e
ALC	UNDERLYING OR CONTRIBUTING CAUSE OF DE	12. 2 PMO1H P9 82	subject found	floating in w	rater	
MEDICAL		21e PLACE OF INJURY (AT HOME,	211. LOCATION			
X	WHILE AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	Sinepuxent B	Bay "Ocean Ci	ity, aryla	and state
			Autopsy XX Inspection			
1	The The State of the State of	of the remains described above, held on		, ,	and in my opinion	
	death resulted from Notura	Accident AA Sui	cide . Homicide .	Undetermined monner		
	ACTUAL MARY	o Me will	MINASSISTANT	MEDICAL EVALUATED	DATE 7-0	D-F2
	SIGNATURE Y. WANT	000	minos I Stall L	MEDICAL EXAMINER	SECREDITION	
-	EXAMINER'S NAME	vanita & Vanall M D	ADDRESS 111 P	Penn Street		
73e.	BURIAL CREMATION, REMOVAL 175	DATE 23t NAME OF CEN	AETERY OR CREMATORY	JM LOCATION	Tomation .	Contract Contract
1035	BURIAL	7-22-82 EVER	GREEN	BERLIN	4008. A	200
24.	FUNERAL DIRECTOR	ADDRESS A	ISE DATER	ECD. BY REGISTRAR 154.	ISTRAR S HAVE	Met the
	DLLRICH	F.H. BERLI	(U) 1110, de	L 2 3 1982	6	
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